
Appendix F: Planning for the Psychological Aftermath of School Tragedy

APPENDIX F: PLANNING FOR THE PSYCHOLOGICAL AFTERMATH OF SCHOOL TRAGEDY

Use the information contained in this appendix to help your district plan for psychological recovery from a school tragedy.

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PLANNING FOR THE PSYCHOLOGICAL AFTERMATH OF SCHOOL TRAGEDY

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Our purpose is to discuss a basic postvention plan that can be adopted for use in any school following a death or tragedy. The plan is designed to go into effect the first school day after the trauma has occurred.

To initiate thinking about postvention, consider the following specific questions that will usually arise:

1. How and when should students and faculty be informed of the pertinent details surrounding it?
2. How, when, and where should students be allowed to express their reactions?
3. What should be done for victims' close friends?
4. What should be done for "high risk" students?
5. Should the school hold a special assembly or memorial service?
6. Should there be a symbolic expression of grief, such as lowering the flag to half mast?
7. Should the school close for the funeral?
8. Who should go to the funeral?
9. What kinds of commemorative activities or symbols—plaques, memorial funds, etc.—are appropriate?
10. Should the victims' parents be contacted and what help can be offered to them?
11. What should be done about the concerns of other parents?
12. How should the school deal with the media?
13. Should the school turn to outside consultation for help? To whom?
14. What reactions from students should be expected?
15. Should a regular school schedule be followed the day after?

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**PLANNING FOR THE PSYCHOLOGICAL AFTERMATH OF SCHOOL TRAGEDY
(CONTINUED)**

- 16. How long should the school be concerned about student reactions?
- 17. How much grieving or “acting out” should be allowed?
- 18. Should students be involved in planning the school’s response?
- 19. Who should organize and coordinate the school’s response?
- 20. What about siblings or affected students in other schools?
- 21. What should teachers say to students in their classes?

PRINCIPLES OF POSTVENTION

Before presenting a plan to respond to the issues raised by these questions, interrelated principles of postvention are outlined. The postvention plan is on the principles of reducing fear, facilitating grieving, and promoting education.

REDUCE FEAR

Fear is the most overpowering and debilitating human emotion. Fear can cause us to flee in panic, act irrationally, become immobilized, say things we regret, and act in other ways that later are embarrassing to us. To deal with fear, we first recognize that fear breeds in the unknown. People are most afraid of what they don't understand, of mysterious, dark, different, unknown situations. The neighbors' German Shepherd running at you, riding the subway, or driving to Toronto may each be scary the first time, but once you get to know the dog, have taken the subway a few times, or made the trip to Toronto often, you are much less afraid. Experience reduces the unknown and thereby reduces fear. An earthquake, especially one resulting in death, produces so many unanswered questions, leaves so much unknown, and thus creates fear. What made it happen? Will it happen again? Is the school really safe? Am I safe at home?

Will the next one get me? Why didn't God do something? Is there any place that's really safe?

As a result of so many unanswerable questions, the atmosphere in a school following an earthquake may be tinged with fear. Students and staff may feel unsure of themselves, confused, afraid of what else might happen, and not know how to behave or what to say.

Most of us grow up not thinking much about earthquakes. They only happen to other people, people we heard of or read about. It's hard to imagine that a major earthquake, especially one that kills people, would ever happen to our friends, family, or community, and when it does, many people feel insecure and afraid. Something that wasn't supposed to be part of the plan, something that wasn't supposed to happen has happened, and if that can happen, then anything can happen.

An earthquake can pull the rug out from under basic beliefs about how the world is and leave us feeling unsure, unsafe, and wondering what we can count on with certainty. It's in this sense that an atmosphere of fear may prevail in a school the days following an earthquake. Of course, those friends and staff closest to those who may have died will be most affected; but the tragedy will affect everyone in the school to some extent.

It is very difficult for any constructive activity to take place when people are afraid. It's hard to concentrate, hard to take tests, write essays, or listen to lectures. It's even hard to feel sadness, remorse, or other normal grief feelings. Hence, the reduction of fear is the first major goal for the school following a tragedy. We can't expect to eliminate it, but we can reduce it by reducing the unknowns.

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PRINCIPLES OF POSTVENTION (CONTINUED)

While exercising sensitivity, we reduce fear by providing students and staff factual information about what happened, the deaths, and the grieving process to be expected in the days ahead by organizing the school day with as few changes as possible and by providing an open, accepting atmosphere, allowing the “secret” fears, questions, and feelings of students and staff to come out.

FACILITATE GRIEVING

Grief is the normal, healthy, appropriate response to death or loss. Anyone who knew those that were killed is going to experience grief, from the parents whose bereavement will normally last 2 to 3 years to tangential acquaintances whose grief will be measured in days. Students and staff don't get a choice of whether to feel grief, but they do get to choose how they'll respond to it.

People who deny their grief, pretend it's not a big deal, or insist they're not going to let it bother them, or try to cover it up with bravado, laughter, or stoicism usually have a much harder time resolving their grief than do people who are able to grieve more expressively.

Each person grieves in his or her own way, a way that has been learned by experience with loss over the years. A student or staff member's way of grieving or coping with loss can be predicted (based on past experience with loss) and is not likely to change in the midst of a crisis like the aftermath of an earthquake.

Accordingly, a wide range of grieving behavior needs to be tolerated, e.g., screaming in anguish, pounding the lockers in anger, sobbing in the hallway, stunned silence, inability to answer even simple questions, seeming totally unaffected as if nothing happened, or saying as one boy did upon being told of his friend's death, “Good, now I don't have to pay him the ten bucks I owe him.” (This last remark was made in shock and he spent the next month being attacked for it and apologizing over and over for it.)

The initial response of most people to learning that someone they know has died is shock. Shock is usually a numbness, feeling like in a fog or spacey during which the full impact of what's happened may not have sunk in. People in shock usually don't talk a lot and mostly need friends to be patient and not assume that they're unaffected just because they're not emotional.

Other reactions to be expected for some people following death are anxiety over what else might happen; anger at the person that died (e.g., for not heeding warnings); blame at someone for not doing something to save her; and perhaps guilt for surviving when he didn't. Naturally sadness and feeling the loss will usually replace shock, anxiety, and anger, and remain as the major result of the death for a long time.

PRINCIPLES OF POSTVENTION (CONTINUED)

While each person's way of grieving needs to be accepted, people who can get their grief out by talking, crying, expressing anger or guilt, writing, reading, exercise, painting, music, etc. are usually better able to resolve their grief and in less time than those who can't or are not allowed to grieve. Thus, the school's postvention program needs to allow and encourage the natural expression of grief, especially immediately after the tragedy, but also, for some students, in the weeks and months ahead.

In this vein, one of the most predictable and significant consequences of a tragedy is that it will unlock and trigger unresolved grief in many students and staff. That is, there will be a sadness in the school not only because a student has died, but because grief over people's previous losses will be activated. For example, the girl whose father drowned last year, the teacher whose miscarriage at 6 months no one would talk about, the boy whose mother has breast cancer, the custodian whose dad is deteriorating with Alzheimer's disease at a nursing home, the freshman whose parents are fighting out a bitter divorce all will be feeling both the effects of the tragedy and, now even more intensely, the pain of their own life.

The school's postvention program must take into consideration both grief over previously unresolved losses and give high priority to facilitating the grieving process of students and staff.

PROMOTE EDUCATION

The purpose of a school is to educate its students and (if Anna who says in The King and I, "by our students we'll be taught" is right) staff. Since we learn more from problems, crisis, and tragedies than on average days, an earthquake will be an intense time of learning—not reading and arithmetic, but of things perhaps more important.

The postvention program must be developed to promote constructive and useful learning in the aftermath of tragedy. Students and staff can be helped to learn how they react in a crisis, what people do that help most, how to help other people, what they really believe about death, that people can cry and still be strong, and, measured against the criterion of death, what's really important in life.

Obviously no one wants a student to die; however, given that the death has happened, inevitably learning is going to take place. The only question is whether the school is going to allow it to occur haphazardly or will a postvention program be developed to promote constructive grieving, ways of helping others, and understanding of death and people in crisis.

POSTVENTION PLAN

What follows is intended to be a practical step-by-step outline of the tasks to be accomplished in planning a school's response to tragedy. The planning process should begin, of course, long before the event occurs. It may be initiated by anyone recognizing the need for a postvention plan; however, the cooperation, support, and, hopefully, leadership of key school personnel must be obtained before meaningful planning can take place. That is, the principal, superintendent, and guidance staff clearly need to be involved and preferably also key teachers, coaches, school psychologists and social workers, nurses, and administrative assistants. Some involvement of an outside expert or consultant may be helpful at varying stages of the planning process. At times in the process it is extremely important to consider the roles that custodians, secretaries, cafeteria workers, substitute teachers, bus drivers, and student leaders may play in the planning and/or implementation of the postvention program.

Each school needs to plan how it will carry out the 19 tasks outlined below. A report containing plans for how each task will be accomplished constitutes the postvention plan and should be available to all school personnel. It should be periodically reviewed, especially by the administrative and guidance staff, to update it (key resource people and phone numbers may change) and to keep copies of it at home as that's where the initial call about the tragedy may come.

To provide a context for the specific aspects of the postvention plan, we'll assume that the school day after the earthquake would begin with an emergency staff meeting before school followed by each faculty member facilitating a short discussion of what has happened in the homeroom or first period class. Discussion of feelings about what's happened should be allowed to take as much class time as seems appropriate. A regular school schedule should be followed, but with great flexibility in allowing students to talk in the hallways, go to various individual and group counseling rooms provided, sit quietly in pairs on the stairway, be excused from tests and homework, etc. The structure of a regular school day provides some security and routine in a suddenly topsy turvy world while the wide latitude given students allows grief to be expressed.

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POSTVENTION PLAN (CONTINUED)

A variety of school and community personnel will be available to help students during the day. After school a second general staff meeting is held to review the day and prepare for tomorrow.

1. Selection of the Crisis Response Team. A crisis response team of perhaps three to five members with authority to make decisions in the time of crisis needs to be chosen. The team is responsible for both planning and implementation of postvention. Among its members should be staff who have some respect in the school, are sensitive to student and faculty needs, are committed to personal involvement in a crisis response, are able to be decisive, and who are relatively calm under fire. The crisis response team would conduct planning for the remaining tasks and, along with the building principal if he or she is not on the team, be responsible for carrying out the school's response to a suicidal death on the days succeeding it.
2. Identification of Media Liaison Person. One person within the school district should be designated to handle all contact with newspaper, television, radio, and magazine reporters and shield school personnel from media intrusion. Media personnel should not be allowed in school. All school students and staff should be firmly instructed to refer any phone or personal contact, whether in school or at home, to the media liaison person whose phone number should be readily available and who should receive instructions on what information to release from the crisis response team. A press release should be prepared to serve as a basis for talking with the media. In general, the less publicity death receives, the better.
3. Identification of Family Liaison Person. The crisis response team should designate a representative of the school to initiate immediate and appropriate contact with the family of the dead student, to express the empathy and concern of the school, to answer parents' questions regarding school plans; to ascertain family wishes and plans regarding funeral, wake and memorials; to discretely obtain the information about the death and the circumstances surrounding it; and to offer to help the family with support, contact with community resources, or perhaps tangible help like driving, food, babysitting, or talking with siblings. The family liaison person should be educated about helpful and unhelpful responses to grieving people, be sensitive to family privacy, and use intuition about maintaining some contact with the family during the weeks ahead. The crisis response team may choose one family liaison person for all situations or a different one may be designated for each crisis based on the person's relationship to the deceased student or his/her family.
4. Organization of Staff/Telephone Network. A telephone network or tree should be developed wherein each school staff member is called as soon as possible after the incident has occurred, given the brief basic facts, and notified of the time and place of the emergency staff meeting to be held usually before the next school day. Care should be taken to reach not only faculty, but all auxiliary and related personnel as well. Furthermore, selected staff members in schools throughout the district should be notified, particularly in schools attended by siblings or schools from which support staff may be borrowed to help during the crisis.

POSTVENTION PLAN (CONTINUED)

5. Identification of Crisis Consultant. Despite the expertise and capabilities of school staff, it is recommended that a consultant from outside the school be chosen with whom an agreement is developed to offer assistance to the school in the event of a tragedy. The principal, guidance counselor, or most experienced members of the crisis response team may know the student who has died and thus be personally affected by the death, making it difficult for him or her to play their usual leadership role. Additionally, trained experts in grief or trauma are probably more experienced in coping with tragedy and knowing what helps in time of crisis than most school staff. The role of the consultant should be to assist with or review the postvention plan with the crisis response team, address the emergency staff meeting, generally be available for intervention or feedback during postvention, and to support school staff during the crisis.
6. Identification of Community Response People. Experienced counselors, psychiatrists, clergymen, psychologists, or social workers from the community should be identified and contacted ahead of time to ascertain their availability and willingness to help in one or both of two ways: first, to come to the school on the day after the tragedy and be available to talk with students needing support or counseling; and second, to agree to see professionally and immediately (or as appropriate) students or staff referred by the school. Lists of these professionals should be clearly posted in school on the days following the death(s).
7. Develop Suggestions for Classroom Discussion. During either the homeroom or first class period, whichever is longer, each teacher should announce to the students what has happened, give the pertinent facts about the tragedy in a low key, unsensational manner, describe the schedule for the day, and mention the people and places in school where help is available. The purpose is to ground the students in reality, reduce rumors and gossip, provide an accurate basis for discussion and grieving, and assure the students that help is here if they need it. Once the students are informed, the teacher should allow for and facilitate a discussion encouraging students to share their reactions, thoughts, and feelings to what has happened, recognizing that, while many students will have heard about the death before, others may not know until the teacher announced it.

Some schools prefer the equally acceptable plan of having the principal make a brief announcement of the death at the time of morning announcements, after which the teachers will add some information and lead class discussion. Tragic news is usually best delivered by the person with most authority.

Since following the announcement of the death, however it is made, the classroom teacher will facilitate student discussion, which will be a new and difficult experience for most teachers, the crisis response team should develop and distribute guidelines for conducting such a discussion. An in-service training session should be devoted to explaining the postvention plan and suggestions for facilitating class discussion ought to be the main focus of that training. Some guidelines for such a discussion are offered at the end of this paper.

POSTVENTION PLAN (CONTINUED)

8. Identification of Crisis Center and Counseling Room. One room with a telephone needs to be set up as a general headquarters and information center. Someone (perhaps the principal's secretary, the media liaison person, or a member of the crisis response team) should be designated to be in that room at all times during the day after the tragedy to relay information and answer questions on how to locate the principal, superintendent, school nurse, school psychologist, crisis response team, etc.

Additionally, rooms should be set aside and their existence clearly publicized the day after the earthquake for individual and small group counseling or where students can go to talk and not be alone. Each room should be manned by a school or community resource person. One of these rooms, though loosely supervised by a staff member, may be designated as a quiet or respite room where a student can go to be alone and silent.

9. Formulation of School Policy on Funerals. Wakes, funerals, and other rituals around death usually serve a useful purpose in acknowledging and accepting the death, beginning the grieving process, and letting people know they're not alone. The crisis response team needs to formulate a school policy on funerals, which addresses questions like: Will the school be closed for the funeral? Will staff and/or students be given permission to attend the funeral? Will notes from parents be required for students to attend the funeral or memorial service? Will the school provide bus transportation to the funeral? Will students absent the day of the funeral be penalized? How will teachers who insist on having a test on the day of the funeral be handled? Will any in-school memorial services be held?

Each school needs to answer these questions for themselves. Our general suggestions are to allow or encourage students and staff to attend the funeral—the students preferably with parental permission. It is best nonetheless to run a regular school schedule and not usually offer special transportation to the service. Penalties to students in the days after the death should be few, and in most cases, the school is better off not setting up its own memorial service.

Special arrangements may need to be made in the rare instance when the family has no wake, a closed funeral, or no funeral at all. In such cases, the school may need to organize or at least allow some special memorial service to take place.

POSTVENTION PLAN (CONTINUED)

10. Formulation of Policy on School Memorial. The crisis response team, perhaps in conjunction with student leaders, needs to formulate a policy on what sort of memorial is appropriate to pay tribute to the person who has died. Will the flag be flown at half mast? Will a special page be set aside in the yearbook and who will write it? Will parents be consulted about a memorial? Does the class of the student who died want to establish a scholarship in the student's memory? Will a special event like a swim meet, school play, or class day be dedicated to the deceased student? Will a plaque be placed in the school? Will a tree be planted in the student's name?

The implementation of this policy on memorials is an excellent place to involve students and can provide a task which helps them channel their grief into a constructive goal while giving them a reason to come together, which may allow them to share with and support each other. It is often best to invite those students closest to the deceased student to plan the memorial to that student.

11. Interface with Student Leaders. Postvention is best handled by the school staff and community people, but the crisis response team should consider what role student leaders could play. Should there be a student member on the crisis response team? If there is a peer counseling program established, how will peer counselors be involved in the aftermath? This is not to say that student leaders should have a role in postvention; rather it is to ask the crisis response team to consider whether they should, and if so, in what way.
12. Availability of Readings on Death. Many people affected by death find great comfort or help in reading about the grieving process, other people's experience with death, death itself, or suggestions on how to be helpful to their friends in a time of crisis. Accordingly, the school librarian should be prepared to place on an easily accessed table or counter a number of books or pamphlets on death, grief, and earthquakes to be readily available for those students and staff who may find them helpful.
13. Plan for Calling in Substitute Teachers. Owing to their own grief or personal difficulties with death, some teachers may be unable to function normally, let alone help with student reaction. This coupled with the difficulty in predicting the extent of student needs leads to the suggestion that the crisis response team develop a plan for calling in a number of substitute teachers who will be available to fill in, in whatever ways the day's events dictate. Perhaps they won't be needed, but their presence will allow flexibility in use of school resources to meet student needs.

POSTVENTION PLAN (CONTINUED)

14. Plan for Morning-After Staff Meeting. The school day following the tragedy should begin with an emergency meeting of all school staff, teachers, custodians, nurses, counselors, administrators, substitute teachers, cafeteria workers, resource room volunteers, etc., and including the community resource people. Thirty to forty-five minutes should be allowed for this meeting, which should take place before the normal start of the school day. The meeting has two purposes, the first handled by the building principal, the second by the crisis consultant.

The principal should begin the meeting by announcing what has happened, giving as much information about damage, death, funerals, and family wishes as possible. Staff will function best if they're well informed. Succinct staff questions should be answered and the plan for the day should be spelled out, including introduction of community resource people, media and family liaison people, and crisis response team, location of the crisis center room and counseling rooms, and plans for the after-school staff meeting.

The crisis consultant will then address the group on what to expect from and how to respond to students, what to say in the homeroom or first class, special issues raised by the earthquake, and the importance of paying attention to the staff members' own feelings and reactions about the death.

15. Identification and Contact with At-Risk Students. Through the telephone networking and other channels the crisis response team should make an intense effort to identify two kinds of at-risk kids: boyfriends, girlfriends, and close friends of the dead student; and students who are known to be depressed, under great stress, or readily set off for other reasons.

Each identified student should be contacted sensitively and privately by a school staff member to assess his/her current state, let the student know someone cares, and offer individual counseling or support at any point in the day and days that follow. If serious cause for concern is detected, the student's parents may be notified to helpfully ensure their support. In certain instances the at-risk student's closest friend or friends may be notified for the same reason.

Additionally, those close friends of the deceased student may be invited and encouraged to meet as a group with a trained counselor to share their feelings, facilitate their grief, and feel their mutual support.

16. Drafting a Letter for Parents. During the school day a letter to parents should be drafted so it can be sent home with the students. The letter should sensitively and succinctly state what has happened, how the school has responded thus far, plans the school has for the coming days, suggestions on being especially aware of and supportive to their child, names and phone numbers of community resources to call for information or help, and an announcement of the parent/community meeting.

POSTVENTION PLAN (CONTINUED)

17. Plan for After-School Staff Meeting. At the close of the first school day after the tragedy, a second staff meeting should be held for all school staff. The meeting may be led by the principal or the crisis response team. The purpose is to review the day's events, attending to what went well and what didn't, identifying which students staff are most worried about and how to help them, making any needed adjustments in the postvention plan, enunciating continuing postvention plans, and allowing staff to raise questions for the crisis consultant or response team.
 18. Plan for Evening Parent/Community Meeting. Plans for a parent/community meeting to be held a day or two after the funeral should be formed by the crisis response team. Experience shows that such a meeting may be more important in a small or isolated community. The principal, crisis response team, and crisis consultant should speak at the meeting with the crisis consultant bearing the brunt of the load and emphasizing what to expect during the grieving process and how to be helpful to students and adults affected by the earthquake. While such a meeting is not essential, it usually is helpful to community people even if not directly affected by the tragedy and allows the school to perform a constructive community service.
 19. Plan for Postvention Evaluation. After the crisis is over, usually a few weeks following the tragedy, there will still be some students and perhaps staff who will be grieving deeply and need support or counseling for some time to come. However, for most of the school, life will be more or less back to normal. During the time after the crisis, the crisis response team needs to organize a meeting of those staff most directly involved in postvention to discuss and evaluate the postvention process. Prior to the meeting, feedback should be solicited from other people who were involved in postvention. This information can be fed into the postvention evaluation meeting. Of course, the purpose of the meeting is to ascertain what worked well and what didn't, what modifications in the postvention plan are needed, and to thank or give feedback to those who helped the school cope with the crisis.
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THE ISSUE OF STAFF GRIEF

Responsibility for carrying out the postvention plan is on the shoulders of various school staff members, some of whom will have known, perhaps been close to, the student who died.

Other key staff may be experiencing painful turmoil in their own lives. A student's death will cast grief over the school. The staff will be trying to help students cope with grief. The first principle of grief work is to be aware of and pay attention to one's own grieving process. The nature and strength of a teacher's feelings will affect—perhaps to help, perhaps to interfere with—students' grief.

Therefore, to best prepare for postvention following a death, the crisis response team, cognizant of staff being (intended or not) role models for student grief, should organize an in-service training day focusing on the losses, grieving styles, coping mechanisms, and feelings about death experienced by staff members. The in-service should contain two sessions, one didactic and the other experiential, and be conducted by the crisis consultant.

The didactic portion should consist of an explanation of grief and the process people go through when a loved one dies. Issues such as how long the grieving process may take, phases one goes through, feelings of going crazy as a normal part of grief, what helps and what to say to people in grief, and especially the influence of coping with past losses or current reaction to death should be discussed.

Experientially, the session should help people become aware of their own grieving process—their own unique ways of coping with loss and death. In pairs, triads, or small groups, each person may be asked to think back over his/her life about the losses he/she suffered (to death or otherwise), to describe one or two of these losses, share how he/she reacted, coped and grieved during those times, and recall what helped or didn't help.

There are two reasons for this exercise. First, people grieve a current death in much the way they've grieved other losses in their lives. When death occurs, people don't leisurely decide how they're going to grieve; they react immediately and begin to respond the only way they know how, the way they've learned over years of coping with losses. People don't change their style of grieving in a crisis; so focusing on one's grieving style will provide a good indication of how that person will react when a student death occurs. Thus, staff can know what to expect from themselves and what they'll need in the crisis.

Second, people have a tendency to judge others through their own eyes and hence assume that other people will or should react to and grieve the death they way they do. This tendency is nearly always unhelpful and interferes with the staff member's ability to respond to student or other staff needs following the earthquake. Awareness of one's own grieving tendency makes it more likely that he/she can set that tendency aside for a time and be open to helping other people cope in their own way.

Knowledge about grief in general and one's own grief in particular, will increase the self-confidence of staff members, thus enabling them to talk with, listen to, and help students in the aftermath of an earthquake.

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SUGGESTIONS ON LEADING CLASS DISCUSSION OF DEATH

One or more of three paths can be followed in leading a class discussion following the death of a student. First, mention in a kind and sensitive way what has happened and then simply open the floor for whatever anyone wants to say by saying something like: “This has come as such a shock to all of us. It’s so hard to believe. Do any of you have any reactions or feelings or thoughts about _____’s death?” If it’s a vocal group or emotions are high, this simple offer may be all that’s needed for students to begin sharing their reactions.

Second, reference can be made to some aspect of the crisis and specific questions can be directed to the class about the concern. For example, the teacher can mention that the funeral will be at 1:00 p.m. tomorrow and that any student who wishes to, may attend; then follow this by asking, “How many of you have ever been to a funeral?” and asking some of those with their hands up whose funeral they went to and what it was like, was the casket open, what did people say at the funeral, etc. This more direct cognitive approach may be easier for some students to respond to. The teacher may choose to share his or her funeral experience with the class as well.

Third, depending on the teacher’s own state of mind or his/her assessment of the mood of the class, the teacher may express his/her own emotional reaction in a very feeling way to the class and perhaps be silent for a moment afterwards to see if it triggers any student response. For example, a teacher may say something like, “I was 12 years old when my dad died. I was so scared I could hardly talk, but all I could think of was I better not cry because my mother’s going to need me to take care of my little sister,” etc. or “Last night when Mr. _____ called to tell me what had happened, I thought he was joking and said, ‘If you think this is funny, you’re wrong!’ When I realized he was serious, I hung up the phone, slammed my fist on the table, and thought ‘What a rotten thing to happen.’ I couldn’t get to sleep wondering all night what was going through her mind as she died and I kept getting sadder and sadder.”

Emotion begets emotion. A genuine, honest heartfelt response by a teacher will be more likely to elicit an emotional response in a student than will a cognitive or light response. Death is a great leveler. Neither teacher nor student fully understand it, has an answer for it, nor knows how to make it better. Though used to being cast in the role of expert, few teachers are experts on death; so it’s phony to try and play that role. It’s far better to be human with your students, showing your feelings if you can, and modeling that it’s OK to be upset or grieve when someone dies.

Being only human, some teachers may know themselves well enough to realize they are simply unable to lead a class discussion on death, in which case they may ask a counselor or someone to come to their class and take over the discussion.

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WHEN TO REFER A CHILD TO MENTAL HEALTH PROFESSIONALS: PRESCHOOL AND ELEMENTARY SCHOOL STUDENTS

There is a wide range of normal reactions following a disaster. Usually, these reactions can be handled by support at home and at school. However, this is not always the case. As teachers you may need to recommend professional intervention to some parents. In making such a referral, it is important to stress that it is not a sign of failure if parents find that they are not able to help their child by themselves. It is also important to note that early intervention will help the child return to normal and avoid more severe problems later. Young children are the ones most likely to act out the tensions within the family. Family participation in the consultation or treatment is always desirable.

Consider referring the family for professional help if the child:

- Seems excessively withdrawn and depressed; does not respond to special attention or attempts to draw him/her out;
- Engages in overly self-destructive behavior such as holding his/her breath, head-banging, eating inedible objects or substances, intentionally injuring self or having repeated “accidents” that result in injury;
- Continues to have physical complaints (such as diarrhea or constipation) after clearance by pediatrician;
- Acts out in an excessively aggressive manner that poses a danger to children or adults around him/her.

If any of the symptoms described in the next section (Emotional and Behavioral Reactions of Children to Disasters), persist 2 to 4 weeks after the disaster, special attention may be required. It is important to watch for significant changes in the child's temperament or personality. A normally excitable child who becomes docile and quiet, or a quiet, obedient child who becomes aggressive and belligerent, may be demonstrating an inability to cope with stress.

Children who have lost family members or friends and children who were physically injured, or felt that they were in life-threatening danger, are at special risk. Children who have been in previous disasters or who are involved in a family crisis (e.g., parental separation) in addition to the disaster may have more difficulty coping. Counseling may be recommended when these circumstances exist or when the student is unfamiliar and is showing unusual behavior.

EMOTIONAL AND BEHAVIORAL REACTIONS OF CHILDREN TO DISASTERS

The reactions of children to disasters are affected by five important factors:

1. A child's perception of adults' reactions to the disaster.
2. The amount of direct exposure the child has had to the destruction of the disaster.
3. A child's developmental age.
4. The existence of family or other problems prior to the event.
5. Prior experience in another disaster.

PRESCHOOL: AGES 1 TO 5

- Children this age are particularly vulnerable to changes in routine.
- They lack the ability to verbalize their feelings and the conceptual skills to cope with sudden stress.
- They are affected by the reactions of family members and school personnel.
- Some of the common emotional and behavioral reactions to a natural disaster include:
 - Denial of the event, or no reaction whatsoever.
 - Nervousness.
 - Irritability.
 - Disobedience.
 - Hyperactivity.
 - Tics.
 - Speech difficulties.
 - Anxiety about any separation from parents.
 - Shorter attention span.
 - Aggressive behavior.
 - Sudden bursts of tears.
- These typical responses can manifest themselves in the following physiological reactions:
 - Loss of appetite or overeating.
 - Indigestion or vomiting.
 - Bowel or bladder problems.
 - Sleep disorders and nightmares.

EMOTIONAL AND BEHAVIORAL REACTIONS OF CHILDREN TO DISASTERS (CONTINUED)

- Stress in these children may result in the following regressive reactions:
 - Resumption of bedwetting.
 - Thumbsucking.
 - Fear of:
 - Darkness.
 - Animals.
 - Monsters.
 - Strangers.
- Actions you can take in the classroom to alleviate some of this stress include:
 - Re-establishing comfortable routines.
 - Providing opportunities for children to express their feelings both verbally and nonverbally.
 - Giving ample physical comfort (e.g., hugs, holding hands).
 - Physical re-enactment of the disaster.
 - Patient and repetitive clarification of what actually took place.

EARLY CHILDHOOD: AGES 5-11

- Regressive behaviors are especially common.
- Children may become withdrawn and/or more aggressive.
- They may be particularly affected by the loss of prized objects or pets.
- Some of the common emotional and behavioral reactions include:
 - School phobia.
 - Withdrawal from friends.
 - Hyperactivity.
 - Irritability.
 - Disobedience.
 - Inability to concentrate.
 - Repetitive talking about their experience.
 - Aggressive behavior.
- These typical responses can manifest themselves in the following physiological reactions:
 - Headaches.
 - Nausea.
 - Sleep disturbances.
 - Persistent itching and scratching.
 - Complaints of visual or hearing problems.

EMOTIONAL AND BEHAVIORAL REACTIONS OF CHILDREN TO DISASTERS (CONTINUED)

- Stress in this age group may result in the following regressive behaviors:
 - Increased competition for attention.
 - Excessive clinging.
 - Wanting to be fed or dressed.
 - Engaging in habits they had previously given up.
- Actions you can take in the classroom to alleviate some of this stress include:
 - Giving additional attention and consideration.
 - Temporarily lessening requirements for optimum performance in academics.
 - Providing opportunity for structured but undemanding chores.
 - Encouraging verbal expression of thought and feelings about the disaster.
 - Encouraging physical activity.
 - Rehearsing safety measures to be taken in future disasters.

PREADOLESCENT: AGES 11 TO 14

- Peer reactions are very important to this group.
- They need to know their feelings are typical.
- Survivor's guilt might emerge in this age group.
- Group discussion can be effective in reducing the sense of isolation.
- Some of the common emotional and behavioral reactions include:
 - Disruptive behavior.
 - Sadness or depression.
 - Resistance to authority.
 - Loss of interest in hobbies and peer activities.
 - Inability to concentrate.
- These typical responses can manifest themselves in the following physiological reactions:
 - Complaints of vague aches and pains.
 - Overeating or loss of appetite.
 - Skin disorders.
 - Sleep disorders.
- Actions you can take in the classroom to help alleviate this stress include:
 - Reassuring them that their responses are typical.
 - Teaching them that with time they will be able to function and concentrate again.
 - Giving them additional consideration and attention.
 - Encouraging verbal expression of feelings.
 - Providing structured but undemanding responsibilities.
 - Rehearsing safety measures to be taken in future disasters.
 - Encouraging physical activity.

EMOTIONAL AND BEHAVIORAL REACTIONS OF CHILDREN TO DISASTERS (CONTINUED)

ADOLESCENT: AGES 14 TO 18

- These children may have extreme fear that their reactions might differ from the peer group.
- They may be frustrated by their lack of adult responsibilities.
- Some of the common emotional and behavioral reactions for this age group include:
 - Marked increase or decrease in physical activity level.
 - Expression of feelings of inadequacy and helplessness.
 - Delinquent behavior.
 - Depression.
 - Increased difficulty in concentration.
 - Extreme mood swings.
- Actions you can take in the classroom to alleviate this stress include:
 - Encouraging discussion of the disaster with peers and adults.
 - Temporarily reducing expectations of academic performance.
 - Encouraging involvement in school rehabilitation and recovery efforts.
 - Encouraging resumption of social activities.

GUIDELINES FOR STUDENT/STAFF SUDDEN DEATH

Following a traumatic death, people can feel a sense of loss for at least 2 years. Frequently, aftereffects are felt as a pervasive sense of malaise among students and school staff. School staff can be devastated well into the next school year, and there may be a change in attitude toward teaching. Some staff may increase their emotional distance from students. Students tend to be fearful of getting close to one another, fearing the loss of another classmate or friend. The need to cope adaptively is necessary. These guidelines are written to help deal with these concerns and to establish procedures for student sudden death.

GUIDELINES

Day of a Sudden Death

1. Upon notification of the sudden death of a student or staff member, the building Principal will notify the Director of Student Services or the Administrative Assistant for Guidance and Counseling. One of these individuals will notify the Superintendent and the Assistant to the Superintendent for Communications.
2. The Principal will initiate a “call tree” to all faculty and support staff, informing them of the sudden death and requesting their arrival at school 30 minutes earlier to attend a special faculty meeting.
3. Telephone conferences with the district’s crisis team will be held to plan tentative activities for the next day (the day after the sudden death).

First Day After a Sudden Death

1. The school Principal meets with the crisis team 30 minutes before meeting with faculty to plan the aftermath of the sudden death.
2. The Principal reviews the available facts of the case with all faculty and support staff to dispel rumors, to discuss the plan of the day, and to allow for faculty and support staff to express feelings. Faculty/staff are encouraged to lend support to one another.
3. A member of the district crisis team describes some of the feelings the students may be experiencing following the death of a classmate: disbelief, anger, denial, sadness, and loss. Suggestions are reviewed on ways to handle expressions of grief in their classes.
4. A crisis center will be established in the school building. Additional Student Services staff from other buildings may be called in to assist with the crisis. A member of the crisis team will make phone calls to parents of students who are particularly upset or may be at risk. The crisis center may be kept open after school hours and into the evening to assist students, parents, and staff.

GUIDELINES FOR STUDENT/STAFF SUDDEN DEATH (CONTINUED)

5. Peer helpers may be assembled to work through their feelings, and the crisis team will offer them some guidelines for helping troubled students.
6. A letter from the Principal may be sent home with students notifying parents of the sudden death and providing them with information regarding the stages of grief and listing reading materials that are available in the school media center on the subject of death.
7. School staff are assembled at the end of the school day. The Principal or his/her designee conducts the meeting and does the following:
 - a. Allows for the expression of feeling and mutual support.
 - b. Reviews the events of the day.
 - c. Reviews the characteristics of high-risk students (those who seem especially upset or depressed or show other signs of not coping well) and compiles a list of staff observations of distressed students' reactions during the day.
 - d. Announces the funeral arrangements. Staff may be encouraged to attend if they feel a special need or to provide support to students and their families.

Days Following a Sudden Death

Crisis team members continue crisis intervention, answer phone calls of anxious parents, and meet with concerned staff, as necessary.

GUIDELINES FOR DEVELOPING POLICIES AND PROCEDURES

Youth suicide will not decrease without community prevention and intervention efforts. School districts are positioned to provide leadership for prevention programs. The following guidelines for creating policies and procedures to address suicide are offered to school districts in the hope that they will lead to the development of operational procedures that can be followed by school district personnel.

In developing policies and procedures, several important principles should be remembered.

1. **Parent contact.** Parents should be contacted whenever their child is presenting a danger to him or herself or to others.
2. **Screening.** School personnel should be available and accessible to students needing to communicate personal concerns. School personnel should be trained to screen for suicidal ideation. Substance abuse, psychiatric illness, chronic running away, and physical or sexual abuse can place children at risk for suicide.
3. **Home-school-community communication system.** A contact person at the school should set up a home-school-community system to monitor the activities of students identified as potentially suicidal.

GUIDELINES FOR STUDENT/STAFF SUDDEN DEATH (CONTINUED)

4. **Referral.** Students who have serious problems or make suicidal threats or attempts should be referred to psychiatrists, psychologists, or counselors who are trained and licensed to treat suicidal youth.

While it is not the responsibility of either the special education staff or the school officials to provide treatment, it is the responsibility of schools to protect children when they are at school. The procedures described below may help to prevent suicides and to protect schools from liability if a suicide does occur.

Steps to Follow

To establish policies and procedures that prepare school districts for crises such as suicide there are three general steps to follow:

Step 1: Community Involvement

Suicide is a social problem. Consequently, it requires cooperative social solutions. For schools to intervene effectively with suicidal students, a concerted effort must be organized among teachers and others in the caring professions, both inside and outside the school system.

The community group should develop suicide prevention policies and procedures. Involvement of a broad cross section of the community will increase commitment and create a network of professionals seeking a solution to the suicide problem.

Before writing policies and procedures, the school district should gather information about available community resources, including the names and addresses of contacts to whom schools can refer students and families in times of crisis. The referral network might include mental health centers, private hospitals, psychiatrists or psychologists in private practice, churches, and local law enforcement agencies.

Having many agencies involved in the suicide-prevention program will expedite training of suicide-prevention staff and will guarantee the availability of a range of support services in the event of a suicide threat, attempt, or completion. Various agencies working together should be better able to identify and solve community problems that may increase the risk of youth suicide than any one agency working alone.

The school district should develop a network among the schools and other public agencies to exchange information about suicidal students who need support services. The challenge in establishing such a network will be to exchange significant information while protecting the student's right to confidentiality.

GUIDELINES FOR STUDENT/STAFF SUDDEN DEATH (CONTINUED)*Step 2: Develop Written Policies*

The school district should write suicide-prevention policy based on an analysis of community needs and careful study of the role of the schools in the community. The policy should be evaluated on a regular basis to ensure continuing responsiveness to community need.

The following is an example of a possible board policy:

The board has committed itself to providing the leadership within the community to act in concert with other organizations and agencies to develop a community-wide approach to dealing with the problems of youth stress, depression, and suicide. The board feels it is imperative that cooperative planning and action be taken among all agencies and persons involved with youth in identifying, preventing, and intervening in stress, depression, and suicide among our youth.

The board's concern is reflected in the district's stated goal "to increase community awareness of the needs of at-risk youth and to improve the district's ability to educate and assist those students." The board supports the cooperative community-wide development of specific administrative procedures and training strategies to assist youth in crisis and their families.

Step 3: Develop Written Procedures

Policy statements should be refined into specific procedural guidelines that prescribe specific action to be taken in the event of a suicide threat, attempt, or completion. The procedures outlined below are applicable to four kinds of situations that may arise:

1. Suspected suicidal ideation
2. Suicide threat
3. Suicide attempt
4. Suicide completion

The sequence of actions described in the four situations below should be adapted to the existing circumstances and/or procedures in individual school districts.

1. Suspected Suicidal Ideation

Staff must be trained to recognize a suicidal ideation, understand what their responsibilities are when an ideation occurs, and know what action to take.

GUIDELINES FOR STUDENT/STAFF SUDDEN DEATH (CONTINUED)**2. Suicide Threat**

In the event of a suicide threat, the following actions should be taken:

- a. Have an appropriately trained staff member such as a school psychologist or counselor trained in suicide assessment evaluate the risk and provide immediate crisis intervention services to the student. Threats of suicide should never be taken lightly.
- b. Remove the student from any area containing any dangerous substances and/or implements, and remove any dangerous substances or implements from the student.
- c. Do not leave the student alone until either it is determined that the student is no longer in danger, or until that student has been referred to appropriate treatment.
- d. Notify the parents.
- e. Have the contact person at the school set up a home-school-community communication system and notify other school personnel about the need to monitor the student.

3. Suicide Attempt

In the event of a suicide attempt (defined as any behavior or gesture that indicates an intent to take one's life) the following actions should be taken:

- a. Treat it as a medical emergency. Call Emergency Medical Services, if necessary.
- b. Have a staff member stay with the student at all times.
- c. Remove all dangerous substances and/or implements from the student and from the area.
- d. Notify the parents immediately.
- e. Have an appropriately trained staff member assess the situation and provide crisis intervention services.
- f. Involve psychological or consultation services through the community referral system.

GUIDELINES FOR STUDENT/STAFF SUDDEN DEATH (CONTINUED)

- g. Have the contact person set up a home-school-community communication system and notify other school personnel (school administrators, counselors, nurses, and teachers) about the need to monitor the student. If appropriate, the school could develop and implement an Individual Assistance Plan with the student, school, family, and other involved agencies.
- h. Urge parents to seek immediate treatment for the student. The district should document any such encouragement and the parents' response. If the parents do not respond, the student should be referred to Child Protective Services.

4. Suicide Completion

If a suicide is completed, the following actions also appropriate to a suicide attempt should be taken:

- a. Treat it as a medical emergency and call Emergency Medical Services.
- b. Have a staff member stay with the student.
- c. Notify the parents immediately.
- d. Notify staff members.

In addition, the following actions should be taken:

- a. A school crisis team meeting should be called. The crisis team should be organized prior to a crisis and should include school and/or district administrative, counseling, and psychological services staff, teachers, and nurses. Professionals from outside the schools also may be included, such as psychiatrists or psychologists, community mental health professionals, or emergency response mental health personnel. After a suicide completion, the crisis team should identify students who are at the highest risk for suicide, including students who were close friends of the victim, students who seem particularly troubled by the suicide, students who have themselves made suicide attempts, or other high-risk students with poor coping skills.
- b. The Superintendent's office should be notified about the suicide and the post-suicide plan should be implemented.
- c. All building personnel should be notified about the suicide and the post-suicide plan should be implemented.

GUIDELINES FOR STUDENT/STAFF SUDDEN DEATH (CONTINUED)

- d. Factual information about the suicide should be communicated to school staff and to the students. Rumors should be dispelled. General announcements of the suicide are not recommended, unless accompanied by counseling and educational support in all classes.
- e. Parents of any students expressing strong emotional reactions or suicidal ideation should be notified. Those parents should be urged to seek treatment for their children.
- f. Members of the crisis team should make presentations to each class in which the student was enrolled and discuss the facts of the student's suicide and the futility of suicide. All students who want to discuss the subject further should be urged to see the school counselor or other specially trained staff. If any students are experiencing strong emotional reactions, their parents should be notified and the students should be referred for treatment.
- g. All teachers should set aside time for students to discuss their reactions to the tragedy, and students who seem very upset should be referred to the counseling team.
- h. Counseling services should be made available to those students who have been identified as at-risk for the length of time that the crisis team deems necessary. Referral for treatment to community agencies or hospitals should be made, if appropriate.
- i. School in-service sessions and counseling time should be made available to all school personnel to help them deal with their own reactions to the suicide.
- j. Neither the student nor the suicidal act should be glorified or memorialized in any way.

While the procedure should clearly state that the special education assessment process should not be used in lieu of immediate parental notification or as the initial resource in assessing risk when more immediate steps are obviously indicated, provisions should be made for the referral of a suicidal student for special education assessment.

The teaming process used for determining eligibility for the seriously emotionally handicapped area can be helpful in determining which staff and resources are available to intervene with a student, who, while not determined to be immediately at risk, may evidence behaviors that suggest a high-risk profile for suicide. The procedures also should suggest that during the assessment process, interventions should be implemented that diminish suicidal risk, for example, parental contact or involvement, use of school staff who offer a safe and supportive environment, and disciplinary approaches that do not increase the student's sense of failure. It is extremely important to secure the cooperation of family, friends, school personnel, neighbors, and others who will assist in providing support and supervision for the student. Parents must be warned that a suicidal student should not be left alone.

GUIDELINES FOR STUDENT/STAFF SUDDEN DEATH (CONTINUED)

Another important suggestion is (and should be standard practice for any special education program) to secure written parental permission for the school to communicate directly with treatment providers. The treatment plan and the school intervention plan must work closely together, not at cross purposes.

GENERAL PREVENTION STRATEGIES

Ninety-five percent of youth suicides can be prevented. Only five percent of the adolescents who attempt suicide display psychotic symptoms such as disorientation, hallucinations, or thought disturbances and are intent upon self-destruction. Further, poor school adjustment—including poor grades, truancy, and discipline problems at home or school—may contribute to a student's level of risk. The school may want to consider implementing preventive measures with school personnel, students, and parents as suggested below.

School Personnel

School staff often feel anxious when confronted with a teenager who says he or she is suicidal. That anxiety often is the result of inadequate training in dealing with self-destructive behavior. For a school to have an effective intervention program, however, staff members must become involved with troubled youth.

Certainly suicidal young people should be referred for professional help, but equally important is the support they receive in relationships with other caring people, be they teachers, parents, or friends. Early intervention by any caring person can be a lifeline to be grasped while other steps are taken. Training school staff to recognize potentially self-destructive students carries little risk and could save lives.

Training and utilization of school personnel should include the following:

1. In-service training on stress in children and adolescents and methods for reducing stress in a school environment.
2. In-service training on recognizing the signs of substance abuse, sexual abuse, physical abuse, depression, and other handicapping disorders that could make a student suicidal.

Early identification should be emphasized. Referrals can be made to the crisis team with follow-up memoranda of all referrals. Educators must become better observers of students' behaviors, more supportive, and less prone to labeling of deviant behavior when it occurs in their classrooms.

GUIDELINES FOR STUDENT/STAFF SUDDEN DEATH (CONTINUED)

3. Delegating the leadership for implementing a youth suicide prevention program to a crisis intervention team selected from willing and qualified faculty.

The team may consist of administrators, guidance counselors, school psychologists, nurses, social workers, or qualified teachers. A supportive staff member such as a secretary may also be very effective on a crisis team.

- a. Selecting one member from the team (preferably by the team) to be the team's formal leader.
 - b. Educating the team members about crisis intervention techniques, including the philosophy that crisis intervention is not psychotherapy, but is an easy way to restore students to their former emotional and behavioral states.
 - c. Emphasizing the importance of follow-up of referrals. A large number of students who may be at risk never receive help, although help is desperately needed and often desired. Schools should adopt policy concerning students who refuse help or are unable to receive needed help because of finances or lack of parents' cooperation.
4. Developing written policies and procedures for dealing with suicidal or depressed youths. Written policy or procedures on how to intervene with youths suspected of abusing drugs is imperative. The policy can include the following:
 - When and how to refer to the crisis team
 - When and how to inform parents
 - When and how to inform administrators
 - When and how to counsel the youth
 - How to obtain an assessment of the potential and capability of causing death (lethality)
 - When and how to refer the youth to a mental health center

Students

Perhaps the most controversial part of a school-based suicide prevention program is teaching prevention to students. Yet students may be the first to recognize that a friend or acquaintance may be suicidal. Many times a potentially suicidal student will state his or her intentions to friends. If students know the warning signs of self-destruction and know where to refer a friend, they can be a great resource in the suicide prevention effort. Other steps the school may want to consider are as follows:

GUIDELINES FOR STUDENT/STAFF SUDDEN DEATH (CONTINUED)

1. Developing a health curriculum for every student with the following suggested topics:
 - a. Positive self-esteem with an “I’m okay, you’re okay” focus.
 - b. Effective interpersonal skills with peers and adults including beginning, maintaining, and terminating relationships. (Learning social skills for dating and school activities can be beneficial.)
 - c. A positive attitude toward loss, failure, and grief. (Learning how to fail is as important as learning how to succeed.)
 - d. Life skills, including decision making, values clarification, and problem solving.
 - e. Stress management skills.
 - f. Substance abuse information and the effects of drugs on the body.
 - g. Depending on the community and school governing board stance, a component related to sexual topics and/or other health topics such as AIDS.
2. Developing a peer support program (sometimes called peer counseling) with components such as the following:
 - a. Youth-staffed hotline.
 - b. Problem-solving with a peer. (Note: The National Youth Suicide conference emphasized avoiding the phrase “peer counseling” as it can be misleading to students. It is recommended that peer counseling be call peer “support” and the focus be on support.)
 - c. Self-help groups for maltreated teenagers and for other students who would benefit from a group experience, such as those whose parents are divorcing or those who have suffered the death of a parent.
3. Developing a pamphlet for youth on guidelines for recognizing maltreatment and ways to help maltreated peers.
4. Preparing school newspaper articles.
5. Presenting school plays or showing films on the problem of youth suicide and following up with resources for help.

GUIDELINES FOR STUDENT/STAFF SUDDEN DEATH (CONTINUED)***Parents***

Parents are often aware that their children, or their children's friends, are experiencing difficulties, but are hesitant to label such difficulties as serious or to consider these children at risk for suicidal behavior.

Schools can assist parents to become better observers and to identify times to seek help for their children by holding workshops to educate parents about indicators of substance abuse, depression, and suicide. Workshops can focus on ways to prevent youth suicide and describe the relationships among substance abuse, depression, and suicide.

Parents should be educated on how to have more effective communication with their children. Many parents, devastated by the suicide of a son or daughter, recall certain behaviors that may have indicated a potential for the suicide. Others feel that there were no warning signs. No parent can fully know what to expect, but there are things a parent can know and do that might prove helpful in saving a child.

Parents of young people should observe these guidelines:

1. Be aware that extreme behavior patterns are not necessarily normal or characteristic of all adolescents. Such behavior may be a sign that a child is disturbed.
2. Don't assume that bouts of depression by a child are just a stage that will pass with time. For teens who have limited coping skills, mild depression can turn to deeper depression accompanied by thoughts of suicide or other forms of self-destructive behavior.
3. Be aware of a son or daughter's involvement with school, peers, and community.
4. Be empathetic when problems such as a failed romance occur. For some adolescents, such perceived failures can create an emotional crisis.
5. Recognize that major changes in the family structure can be very difficult for an adolescent. Such trying situations may include separation and divorce, living in a step-family, or a change in residence or school.
6. When major changes in a child's personality are observed, seek an opinion from a qualified mental health professional.
7. Work with school teachers and counselors when there is a problem.

GUIDELINES FOR STUDENT/STAFF SUDDEN DEATH (CONTINUED)**CONCLUSION**

Having an effective suicide prevention program in a school depends on the participation of students and parents in all aspects of the program. Excellent parental and student resources can be found in every school.

Involving parents and students in the development and implementation of a prevention program and delegating the responsibility for implementing the program to a trained crisis team is a good first step toward preventing youth suicide.

The next step is to enlist community support. Identify community support services for youths. If there are none, start some. Schools also must maintain a collaborative relationship with community agencies involved in suicide prevention, education, and intervention. Outside agencies can serve as consultants, referral sources, and trainers of staff and students. By maintaining a collaborative relationship, follow-up of referrals can be better realized, particularly if there is a mental health liaison person at each school who can serve as the leader of a crisis team.

Many physicians and counselors in private practice may be willing to help with the problem of youth suicide and should be invited to do so. A list of community resources dealing with the problems of adolescence should be developed and distributed to all youths and their families.

Although not all suicidal students will become the responsibility of the special education program, special education personnel and services are important to the effectiveness of a school suicide prevention program. For exceptional students, an appropriate special education program may be an important contribution to suicide prevention.